

REDACTED - FOR PUBLIC INSPECTION

October 22, 2013

DOCKET FILE COPY ORIGINAL

Received & Inspected
OCT 22 2013
FCC Mail Room

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

ATTENTION: WIRELINE COMPETITION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422
SA 381631, ND, Red River Rural Telephone Association
Connect America Fund WC Dockets 10-90 and 11-42

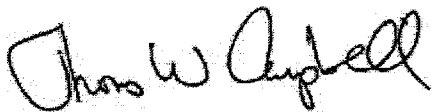
Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Red River Rural Telephone Association, ND, SAC 381631 is filing its Form 481 High Cost and Low-Income Annual Report.

Red River Rural Telephone Association seeks confidential treatment under the Protective Order in this proceeding.¹ Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,



Tom Campbell
Telecommunications Consultant
tcampbell@otcpas.com
651-621-8511 (v)
651-483-2467 (f)

Enclosures

No. of Copies rec'd 0+1
LH/ASODE

Cc: Mr. Charles Tyler, FCC Telecommunications Access Policy Division

¹ See Protective Order 27, WC Docket Nos. 10-90 *et al*, Rec 14231 rel. November 16 ("Order")

FCC Form 481 - Carrier Annual Reporting Data Collection Form	<small>FCC Form 481</small> <small>OMB Control No. 3060-0986/OMB Control No. 3060-0819</small> <small>July 2013</small>
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<010> Study Area Code	381631
<015> Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Tom Campbell
<035> Contact Telephone Number: Number of the person identified in data line <030>	651-621-8511
<039> Contact Email Address: Email of the person identified in data line <030>	tcampbell@gmail.com

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 FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<small>(check box when complete)</small>				
<100> Service Quality Improvement Reporting	<small>(complete attached worksheet)</small>	<input type="checkbox"/>		
<200> Outage Reporting (voice)	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> ← check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<div style="border: 1px solid black; width: 100px; text-align: center;">0</div>	<input checked="" type="checkbox"/>		
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<input type="checkbox"/>		
<320> Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<input type="checkbox"/>		
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<input type="checkbox"/>		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<div style="border: 1px solid black; width: 100px; text-align: center;">0.0</div>			
<420> Mobile	<div style="border: 1px solid black; width: 100px; text-align: center;">0.0</div>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>		
<440> Fixed	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>			
<450> Mobile	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 381631nd510	<small>(attached descriptive document)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 381631nd610	<small>(attached descriptive document)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	<small>(complete attached worksheet)</small>	<input type="checkbox"/>		
<710> Company Price Offerings (broadband)	<small>(complete attached worksheet)</small>	<input type="checkbox"/>		
<800> Operating Companies and Affiliates	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<small>(if yes, complete attached worksheet)</small>	<input checked="" type="checkbox"/>		
<1000> Voice Services Rate Comparability	<small>(check to indicate certification)</small>	<input type="checkbox"/>		
<1010> <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<small>(attach descriptive document)</small>	<input type="checkbox"/>		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<small>(if not, check to indicate certification)</small>	<input checked="" type="checkbox"/>		
<1110>	<small>(complete attached worksheet)</small>	<input type="checkbox"/>		
<1200> Terms and Condition for Lifeline Customers	<small>(complete attached worksheet)</small>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
 Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<small>(check to indicate certification)</small>	<input type="checkbox"/>	
<2005>	<small>(complete attached worksheet)</small>	<input type="checkbox"/>	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<small>(check to indicate certification)</small>	<input checked="" type="checkbox"/>	
<3005>	<small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>	

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(100) Service Quality Improvement Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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(200) Service Outage Reporting (Voice)
Data Collection Form

<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

[illegible]

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FCC Form 481
OMB Control No.
July 2013

381631

RED RIVER RURAL TELEPHONE ASSOC.

2014

Tom Campbell

51-621-8511

campbell@gmail.com

1/1/2013

1/1/2013	
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[illegible]

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<div> <div> (710) Broadband Price Offerings Data Collection Form </div> <div> FCC Form 481 OMB Control No. 3060-0085/OMB Control No. 3060-0819 July 2013 </div> </div>		
<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gnia11.com

[illegible]

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(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No: 3060-0986/OMB Control No: 3060-0819

July 2013

<813>

<1a>

Affiliates

<Z>

SAC

<03>

Doing Business As Company or Brand Designation

See attached worksheet

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(900) Tribal Lands Reporting Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
JULY 2013

<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) Includes:

Select (Yes, No, NA)

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Name of Attached Document (.pdf)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

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(1200) Terms and Condition for Lifeline Customers	
Data Collection Form	
FCC Form 481	
OMB Control No. 3060-0986/OMB Control No. 3060-0819	
July 2013	

<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	851-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	381631nd1210
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

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(2006) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers Affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0936/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-4511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
- <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(e))

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

<input type="checkbox"/>

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF, on line 2021,

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 433
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<01>	Study Area Code	381631
<015>	Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035>	Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039>	Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
(3011)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information	Name of Attached Document Listing Required Information
(3012)		
(3013)		
(3014)		
(3015)		
(3016)		
(3017)		
(3018)		
(3019)		
(3020)		
(3021)		
(3022)		
(3023)		
(3024)		
(3025)		
(3026)		

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	381631
<015> Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	381631
<015> Study Area Name	RED RIVER RURAL TELEPHONE ASSOC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Tom Campbell
<035> Contact Telephone Number - Number of person identified in data line <030>	651-621-8511
<039> Contact Email Address - Email Address of person identified in data line <030>	tcampbell@gmail.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Tom Campbell</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Tom Campbell
Name of Reporting Carrier:	RED RIVER RURAL TELEPHONE ASSOC.
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Officer:	Jeffrey Olson
Title or position of Authorized Officer:	Executive Secretary
Telephone number of Authorized Officer:	701-553-9075
Study Area Code of Reporting Carrier:	381631 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	RED RIVER RURAL TELEPHONE ASSOC.
Name of Authorized Agent or Employee of Agent:	Tom Campbell
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/10/2013
Printed name of Authorized Agent or Employee of Agent:	Tom Campbell
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	651-621-8511
Study Area Code of Reporting Carrier:	381631 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

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(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
JULY 2013

<010> Study Area Code

381631

<015> Study Area Name

RED RIVER RURAL TELEPHONE ASSOC.

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Tom Campbell

<035> Contact Telephone Number - Number of person identified in data line <030>

651-621-8511

<039> Contact Email Address - Email Address of person identified in data line <030>

tcampbell@gmail.com

Red River Rural Telephone Association

<810> Reporting Carrier

<811> Holding Company

<812> Operating Company

<813>

<81>

Affiliates

<82>

SAC

<83>

Doing Business As Company or Brand Designation

Red River Rural Telephone Association

381631

Red River Communications

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Page 1 of 4

SAC: 381631

State: ND

Red River Tel

Form 481 Line No 510 Compliance with Service Quality Standards and Consumer Protection

North Dakota and South Dakota:

1. Red River Tel (Company) will provide service on a timely basis to requesting customers within the Company's designated service area where the Company's network already passes the potential customers premises, and
2. The Company will provide service, within a reasonable period of time, if the potential customer is within the Company's designated service area but outside the Company's existing network coverage, if the service can be provided at reasonable cost by:
 - a. Modifying or replacing the requesting customers equipment;
 - b. Deploying a roof-mounted antenna or other equipment;
 - c. Adjusting the nearest cell tower;
 - d. Adjusting network or customer facilities;
 - e. Reselling services from another carrier's facilities to provide service; or
 - f. Employing, leasing, or constructing an additional cell site, cell extender, repeater, or other similar equipment.

3. Service Quality Standards

The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no addition charge to end users.
- Provides access to the emergency services provided by local government or other public safety organization, such as 911 and enhanced 911.
- Provides toll blocking and toll limitation services.
- Advertises the availability of its services and the charges using media of general distribution and on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business hours.
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

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SAC: 381631

State: ND

Red River Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

North Dakota and South Dakota: (Cont'd)

4. Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

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Red River Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

Minnesota:

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Red River Tel are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS.

7810.0200 SCOPE.

7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.

7810.0500 DATA TO BE FILED WITH THE COMMISSION.

7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.

7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC.

7810.1100 COMPLAINT PROCEDURES.

7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810.2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT; EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES.

7810.3000 DIRECTORY ASSISTANCE.

7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT.

7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT.

7810.3900 EMERGENCY OPERATIONS.

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Red River Tel

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

Minnesota: (cont'd)

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Red River Tel is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

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Red River Tel

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Red River Tel has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, or from fire, storm, or acts of God including provisions for emergency power that provide:
 - A minimum of four hours of battery service in each central office.
 - A permanently installed power unit in exchanges, or
 - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

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Red River Tel
Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Lifeline Terms and Conditions

1. Red River Tel (Company) offers lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll Blocking is available to eligible consumers at no cost. Also, by choosing the option, consumers are usually not charged a deposit.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low-Income Home Energy Assistance Program (LIHEAP)
Federal Public Housing Assistance (Section 8)
Supplemental Nutrition Assistance Program (SNAP)
Medicaid
National School Lunch Program's Free Lunch Program
Supplemental Security Income (SSI)
Temporary Assistance for Needy Families (TANF)

Lifeline applicant must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying program; notice letter of participation in a qualifying program; program participation documents; or another official document evidencing the consumer's participation in a qualifying program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2013 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.
1	\$ 15,512
2	20,939
3	26,366
4	31,793
5	37,220
6	42,647
7	48,074
8	53,501
For Each Additional Person, Add	5,427

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

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Lifeline Terms and Conditions (Continued)

Lifeline Program Eligibility Information (Continued)

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline Program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

2. The Local services for (Company) that serve as its Lifeline Plans are in Compliance with the Essential telecommunications service as specified in North Dakota Chapter 49-21 4.c as follows:
 - C. Primary flat rate residence basic telephone service including the following service elements:
 - 1) Billing and collecting of the telecommunications company's charges for the service
 - 2) Primary directory listing
 - 3) Access to assistance
 - 4) Access to emergency 911 service and emergency operator assistance in the local exchange areas in which emergency 911 service is not available
 - 5) Except as provided in section 49-02-01.1, mandatory, flat-rate extended area service to designated nearby local exchange areas.
 - 6) Transmission service necessary for the connection between the end user's premises and the local exchange central office switch including a trunk connection that has inward dialing and necessary signaling service such as touchtone used by end users for service.
3. The Company's flat rate plans include unlimited local exchange calling including usage to designated nearby local exchange areas. The flat rate plans do not include any toll usage. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.
4. The Company has met and will meet the requirements of eligible telecommunications carrier advertising. This includes:
 - a. A full description of available services in the Company's Official telephone directory, including the process to be used by customers to qualify for lifeline.
 - b. Advertising of the available universal service in media of general circulation in the Company's designated service area. Availability may be advertised in newspapers, company newsletters, company or civic internet sites, bill stuffer, direct mailings, or other means intended to convey availability throughout the designated service area.
5. The specific Company terms and conditions for the Company's Lifeline Plans are set forth in pages included in Exhibit 1, attached.

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Minnesota:

Rates:

The Company's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600.

Lifeline Terms and Conditions:

The Company will adhere to Lifeline Terms and Conditions above as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

(local service provider). On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

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Exhibit 1

SAC: 381631

State: ND

Red River Tel

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

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RED RIVER RURAL TELEPHONE ASSOCIATION
ABERCROMBIE, NORTH DAKOTA

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LOCAL EXCHANGE SERVICE (NORTH DAKOTA)

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.
- C. Service Upgrades
 - 1) At the option of the Company, services will be upgraded to business individual line and residence individual line as facilities for the provision of such services permit.
 - 2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
 - 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.
- D. Extended Area Service
 - 1) Extended Area Service rate component.
 - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
 - b) The Extended Area Service rate component, where applicable, is in addition to the Local Exchange Service Rate.
- E. Taxes
 - 1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

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RED RIVER RURAL TELEPHONE ASSOCIATION
ABERCROMBIE, NORTH DAKOTA

Section 4
Page 2
Revision 3

LOCAL EXCHANGE SERVICE (NORTH DAKOTA)

Class of Service

Exchanges - Abercrombie, Colfax, Great Bend, Mooreton

Class of Service

	<u>Monthly Rate</u>	
BUSINESS:		
One Party	\$ 18.95	(I)
Basic Coin Telephone Service	18.95	(I)
EAS Additive	N/A	
RESIDENCE:		
One Party	\$ 14.95	(I)
EAS Additive	N/A	

All rates are billed in advance. Payment for service is due when the statement is rendered.

Seasonal service was available prior to March 15, 2001, for customers requiring less than 12 months of service per year. The rate for this service is determined in accordance with section 5, page 36 of this tariff book.

	<u>Hankinson, Lidgerwood Monthly Rate</u>	<u>Fairmount Monthly Rate</u>	<u>Wyndmere Monthly Rate</u>
BUSINESS:			
One Party	\$ 33.20	\$ 26.02	\$ 26.02
Basic Coin Telephone Service	33.20	26.02	26.02
EAS Additive	N/A	5.23	7.62
RESIDENCE:			
One Party	\$ 14.13	\$ 18.00	\$ 18.00
Additional Line ⁽¹⁾	N/A	15.50	15.50
EAS Additive	N/A	2.61	3.80
COMBINATION BUSINESS/RESIDENTIAL:			
One Party	\$ 22.77	\$ 22.77	\$ 22.77
EAS Additive	N/A	4.25	6.19

⁽¹⁾ Residence additional line service was available in certain exchanges prior to December 16, 2005.

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ABERCROMBIE, NORTH DAKOTA

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Revision 2

LOCAL EXCHANGE SERVICE (NORTH DAKOTA)

Extended Area Service (EAS)

Exchange

EAS to Exchange

Abercrombie

Colfax
Mooreton
Wahpeton
Breckenridge, MN
Campbell, MN
Kent, MN

Colfax

Abercrombie
Mooreton
Wahpeton
Wyndmere
Breckenridge, MN
Campbell, MN
Kent, MN

Great Bend

Fairmount
Hankinson
Mooreton
Wahpeton
Breckenridge, MN
Campbell, MN

(C)

Mooreton

Abercrombie
Colfax
Great Bend
Wahpeton
Wyndmere
Breckenridge, MN
Campbell, MN
Kent, MN

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LOCAL EXCHANGE SERVICE (NORTH DAKOTA)

Extended Area Service (EAS) (Continued)

<u>Exchange</u>	<u>EAS to Exchange</u>	
Fairmount	Great Bend Hankinson Wahpeton Breckenridge, MN Campbell, MN	
Hankinson	Fairmount Great Bend Lidgerwood Wahpeton Breckenridge, MN Campbell, MN	(C)
Lidgerwood	Hankinson Wahpeton Wyndmere Breckenridge, MN Campbell, MN	
Wyndmere	Colfax Lidgerwood Mooreton Wahpeton Breckenridge, MN Campbell, MN	

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RED RIVER RURAL TELEPHONE ASSOCIATION
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ABERCROMBIE, NORTH DAKOTA

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LOCAL EXCHANGE SERVICE (MINNESOTA)

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demarcation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.
- C. Service Upgrades
 - 1) At the option of the Company, services will be upgraded to business individual line and residence individual line as facilities for the provision of such services permit.
 - 2) Upgrading of business and residence services may be accomplished on a line by line basis at the option of the Company.
 - 3) As an exchange is upgraded, as set forth in 1) above, the rates shown on the appropriate rate schedule will be applied.
- D. Extended Area Service
 - 1) Establishment and discontinuance of EAS will be contingent upon Commission authorization.
 - 2) Extended Area Service rate component.
 - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
 - b) The Extended Area Service rate component, where applicable, is in addition to the Local Exchange Service Rate.
- E. Taxes
 - 1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).

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RED RIVER RURAL TELEPHONE ASSOCIATION
d/b/a RED RIVER COMMUNICATIONS
ABERCROMBIE, NORTH DAKOTA

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Page 2

LOCAL EXCHANGE SERVICE (MINNESOTA)

Class of Service

Exchange

Class of Service

	Kent, Barnesville, Rollag Exchanges	Fairmount Exchange
BUSINESS:		
One Party	\$ 18.95	\$ 34.61
Basic Coin Telephone Service	18.95	34.61
EAS Additive	N/A	3.73
RESIDENCE:		
One Party	\$ 14.95	\$ 13.96
EAS Additive	N/A	1.53

All rates are billed in advance. Payment for service is due when the statement is rendered.

Seasonal service was available prior to March 15, 2001, for customers requiring less than 12 months of service per year. The rate for this service is determined in accordance with Section 5, page 36 of this tariff book.

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RED RIVER RURAL TELEPHONE ASSOCIATION
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Page 3

LOCAL EXCHANGE SERVICE (MINNESOTA)

Extended Area Service (EAS)

<u>Exchange</u>	<u>EAS to Exchange</u>
Barnesville (rural)	Barnesville (city) Rollag
Rollag	Barnesville (rural) Barnesville (city) Hawley
Kent	Abercrombie, ND Breckenridge Wahpeton, ND Mooreton, ND Colfax, ND Campbell
Fairmount	Breckenridge Campbell Great Bend, ND Hankinson, ND Wahpeton, ND

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SAC: 381631

State: ND

Red River Rural Telephone Assoc

Form 481 Line No. 3017 RUS Annual Report

ATTACHMENT REDACTED IN ENTIRETY